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The Arizona Governor's Office  
C·H·O·I·C·E·S Access to Recovery Program

Cochise County Final Report

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# **Executive Summary**<sup>1</sup>

In June 2009, Arizona expanded the ATR service range to include Cochise County. ATR services were managed by the Cochise County Drug Court, which had been instituted in January 2008. The client recruitment population included methamphetamine-affected individuals who were involved with the Cochise County Drug Court.

## *Demographics*

The gender distribution in the Cochise County ATR population is approximately equal, with only slightly more males than females in the program (56.3% and 43.8% respectively). The percentage of clients in the ATR program who identify as Hispanic is over twice the percentage in the overall county population. (68.8% versus 32.1%). However, it should be noted that the Hispanic population is frequently overrepresented in at-risk populations as a whole; therefore, this was not an unexpected finding.

## *Alcohol and Illegal Drug Use*

All categories of alcohol and illegal drug use saw a reduction in substance use between intake and the six-month follow-up. Because ATR serves methamphetamine-affected individuals, it is of particular interest that there was a 71.4% decrease in illegal drug use. The decrease in the average number of days was statistically significant for clients reporting use of any type of illegal drug, marijuana use, and methamphetamine use. Alcohol use and other types of illegal drug use decreased as well but did not reach statistical significance.

## *Physical and Emotional Health*

Changes in the overall health status reported by the clients suggest a positive shift in their perception of overall health. Initially 12.5% rated their health as “poor,” whereas by the six-month follow-up, none of the clients rated their overall health as “poor.” At the other end of the spectrum, the percentage of clients rating their overall health as “very good” increased from 0.0% to 37.5%.

Medical Treatment Services: One would hope to see that as the individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. Decreases in the amount of medical health services sought by clients were seen in most categories, with the exception of inpatient and outpatient treatment for alcohol and/or drug problems (100% and 40%, respectively). This suggests that the treatment services provided through the ATR program were being accessed and utilized as the program had intended.

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<sup>1</sup> The report assumes the reader has background knowledge of the Arizona Access to Recovery (ATR) program.

Emotional Health Issues Caused by Alcohol or Illegal Drug Use: As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. This positive shift was seen in clients indicating “extreme” distress to “not at all.” Perhaps of more significance, however, is the percentage of clients to which this question no longer applied by the six-month follow-up because there had been no alcohol or illegal drug use in the previous 30 days. Although none of the clients fell into the “not applicable” category for alcohol or drug use as a cause of stress at intake, by the six-month follow-up, 68.8% clients fell into the “not applicable” category alcohol or drug use as a cause of stress. Similarly, the questions regarding substance use causing a reduction in activities and causing emotional problems were not applicable for 6.3% of the population at intake and 75.0% by the six-month follow-up.

Emotional Health Issues Not Caused by Alcohol or Illegal Drug Use: Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. The percentage of clients who were affected by emotional health issues in the previous 30 days not related to alcohol and/or illegal drug use declined. In particular, the percentage of clients reporting they were experiencing depression not due to their alcohol and drug use declined from 75.0% at intake to 18.7% at the six-month follow-up. The percentage of clients who reported experiencing serious anxiety in the previous 30 days decreased by 57.1% between intake and follow-up.

The average number of days clients indicated experiencing serious anxiety decreased significantly from 17.69 to 7.44. The reduction in the average number of days clients were unable to concentrate or understand showed a statistically significant decrease as well, from 10.75 to 5.13. Client-reported number of days experiencing depression declined as well, but did not quite reach statistical significance.

Risky Behavior: Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual’s inhibitions. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. However, the percentage of clients engaging in sexual activity increased by 42.9% within the six months between intake and follow-up. Additionally, the average number of sexual contacts increased, from 3.13 times to 7.06 times, as did the number of unprotected sexual contacts, averaging 1.81 times at intake and 4.69 times at the six-month follow up. Clients did not report engaging in unprotected sexual contacts with either IV drug users or persons who were HIV/AIDS positive.

### *Connection to Individual and Community Support Systems*

Recovery and Social Support: Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Sixty percent (60%) more clients attended self-help groups such as Alcoholics Anonymous and Narcotics Anonymous six months after their intake than they did when they first

entered the ATR program. Likewise, 75.0% more clients were attending religion-based self-help groups after six months and 150.0% more clients attended other organizations that supported recovery. Only interactions with supportive family and friends decreased. The 6.3% decline may have been due this one client substituting new support systems for those that proved to be detrimental to their recovery process.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. Often, clients indicated they turned to their sponsor, a [substance use treatment] staff member, or other individuals in the program. Conversely, a 50.0% decrease was indicated for friends as a primary source of support. Again, this may be the result of clients removing themselves from unhealthy social groups as they pursue recovery.

Employment and Education: As individuals work toward recovery, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. The percentage of clients reporting full-time employment increased by 50%. Part-time employment increased from 0.0% at intake to 31.3% of clients having obtained part-time employment by 6-month follow-up. Considerable decreases in unemployment, both in those looking for work (-40.0%) and those not looking for work (-60.0%), were also seen. Very few changes were seen in the percentage of clients pursuing additional education or training.

Housing Stability: Yet another fundamental aspect contributing to clients' accomplishments as they move through the recovery process is housing stability. Of note is the decrease in individuals living in institutions (-50%). Increases in the number of clients living in halfway houses and residential treatment suggests that clients have been accessing services available through ATR.

### *Criminal Justice Involvement*

Cochise County clients were recruited directly from the criminal justice system through the county's drug court; therefore, the clients' involvement in the criminal justice system was established prior to ATR enrollment. There was a 71.4% reduction in the percentage of clients who reported committing a crime. Decreases in arrests, arrests for drug offenses, and currently awaiting charges, trial, or sentencing were also indicated by clients.

At intake, the average number of crimes committed was 14.44. By the six-month follow-up this was down to an average of 0.50 crimes. This was a statistically significant decrease. The average number of nights spent in confinement decreased (6.81 at intake to 4.63 at the six-month follow-up) as did the number of times arrested, from 0.81 to 0.25 during the six month time period; however, these did not reach statistical significance.

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# **Arizona CHOICES Access to Recovery**

In 2003, President George W. Bush proposed in his State of the Union Address a new three-year competitive discretionary grant program to provide people seeking drug and alcohol treatment services with vouchers to pay for a range of appropriate community-based clinical treatment and recovery support services. The program was launched in August 2004 when the President announced the first three-year Access to Recovery (ATR) grants.

In 2007, a second round of ATR grants (ATR II) was announced. The State of Arizona Governor's Office for Children Youth and Families (GOCYF) applied for an ATR II grant and in September 2007, was awarded approximately \$8.3 million over three years, from 2007-2010. The grant is administered by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT).

The goals of the AZ ATR program, called Changing How Open Independence Can Ensure Success (CHOICES), were to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services. AZ ATR did this by developing and implementing a cost-effective treatment and recovery support services voucher system for individuals with methamphetamine-related substance use disorders.

## **Cochise County**

In June 2009, Arizona expanded the ATR service range to include Cochise County as one of two new counties. Smaller than the original three counties served through ATR, Cochise County has 129,518 residents as of the 2009 population count within a 6,169 square mile area. Just over 32% (32.1%) of Cochise County residents identify as Hispanic and 58.6% identify as white/non-Hispanic.

ATR services were managed by the Cochise County Drug Court, which had been instituted in January 2008. The client recruitment population was comprised of methamphetamine-affected<sup>2</sup> individuals who were involved with the Cochise County Drug Court.

## **ATR Data**

Once an individual's eligibility for the ATR program has been established, an intake interview is conducted, part of which includes a staff-administered Government Performance and Results Act (GPRA) instrument. The GPRA is also administered six months after the client's intake and again when the client is discharged from the ATR program. The findings in this report are based on data collected from the GPRA at intake and again at the six-month follow-up. Because discharge may happen later than the six-month follow-up, fewer clients have complete discharge information. Therefore, those data have not been included in this analysis.

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<sup>2</sup>Methamphetamine-affected is defined as methamphetamine use within the previous 90 days.

## Results

As of August 31, 2010, Cochise County ATR had 16 clients with both intake and 6-month follow-up data.

### Demographics

The gender distribution in Cochise County is approximately equal (50.5% females). This is fairly well mirrored in the ATR client population, with only slightly more males than females in the program (56.3% and 43.8% respectively). Table 1 categorizes the gender percentages.

Table 1: Client Gender

N=16	N	%
Male	9	56.3%
Female	7	43.8%

Over twice as many clients in the ATR program identify as Hispanic as are represented in the community at large (68.8% versus 32.1%). However, it should be noted that the Hispanic population is frequently overrepresented in at-risk populations as a whole; therefore, this was not an unexpected finding. In addition, 68.8% identified as white. The wording in the GPRA asking for ethnicity and race does not make Hispanic and other races mutually exclusive so there will be overlap among the Hispanic ethnicity and the race categories.

Table 2: Client Ethnicity and Race

N=16	N	%**
Hispanic*	11	68.8%
White	11	68.8%
African American	3	18.8%
Native American	1	6.3%
Other		

\*Hispanic origin ethnicity is considered separate from race.

\*\*Because client can indicate more than one race, total may not equal 100%.

### Alcohol and Illegal Drug Use

The intentions behind ATR's goals to expand capacity, service availability, and support for individuals who need assistance in their attempts to quit using alcohol and illegal drugs is that successfully reaching these objectives would ultimately translate into decreases in client alcohol and drug use. Between the client's intake and 6-month follow-up assessment, one would expect a program that is experiencing successes to see the alcohol and drug use rates decrease. Table 3 provides a breakdown of the percentage of clients reporting alcohol use at intake and again at the six-month follow-up.

Table 3: Percent of clients reporting alcohol and/or illegal drug use at intake and follow-up

N=16	% at Intake	% at 6 month follow-up*	% Change
<b>In the past 30 days...</b>			
clients reporting alcohol use	25%	0%	-100.0%
clients reporting intoxication 5+ drinks	18.8%	0.0%	-100.0%
clients reporting intoxication 1-4 drinks	0.0%	0.0%	0.0%
clients reporting illegal drug use	87.5%	25%	-71.4%
clients reporting both alcohol and illegal drug use	87.5%	0%	-100.0%
clients reporting marijuana use	43.7%	12.6%	-71.4%
clients reporting heroin use	6.3%	0%	-100.0%
clients reporting methamphetamine use	87.5%	12.6%	-85.7%

\*Follow-up data % includes a minimal amount of missing data.

All categories of alcohol and illegal drug use saw a reduction in substance use between intake and the six-month follow-up. Because ATR serves methamphetamine-affected individuals, it is of particular interest that there was a 71.4% decrease in illegal drug use. However, it is important to note that these clients were also involved in the county drug court at the time of their involvement with ATR, so caution should be taken when interpreting these outcomes as it is difficult to discern the extent to which each of these programs impacted the data.

In addition to reviewing the percentage of individuals who report using alcohol, an assessment of the frequency can be indicative of whether clients who may still be struggling to abstain from alcohol or illegal drug use are, at minimum, showing a reduction in the frequency of their substance use. Table 4 provides the average number of days of use at intake and the 6-month follow-up and whether any changes reached statistical significance.



Table 4: Average number of days clients used alcohol and/or illegal drugs

N=16	Average at Intake	Average at 6 month follow-up	Statistically Significant Decrease?
<b>In the past 30 days...</b>			
# of days clients reported alcohol use	2.44	0.00	<i>no</i>
# of days clients reported drinking 5+ drinks	0.44	*	*
# of days clients reported drinking 1-4 drinks	*	*	*
# of days clients reported illegal drug use	13.81	0.50	<i>yes</i>
# of days clients reported using both alcohol and illegal drugs	0.50	*	*
# of days clients reported marijuana use	7.94	0.19	<i>yes</i>
# of days clients reported heroin use	0.31	0.00	<i>no</i>
# of days clients reported methamphetamine use	7.00	0.31	<i>yes</i>

\*Too few pairs existed to compare the means

$p < 0.05$

The decrease in the average number of days was statistically significant for clients reporting use of any type of illegal drug, from an average of 13.81 days to 0.50 days; marijuana use, where the average number of days reported declined from 7.94 to 0.19; and methamphetamine use, decreasing from an average of 7.00 days to 0.31 days. Alcohol use and other types of illegal drug use decreased as well but not significantly.

## Physical and Emotional Health

Illegal drug and alcohol use frequently causes marked changes in an individual's physical and mental health. As clients begin their recovery process, their perceptions of, and focus on, physical and emotional health changes. Once their bodies are no longer being subjected to chemicals, clients may feel the improvements in their physical and mental well-being. Conversely, clients may become aware of health issues for the first time and find the need to focus on the *lack* of physical or mental well-being. Regardless of the direction of change, success cannot be measured by constants, but rather by assessing the changes as reported by the clients themselves. Table 5 shows the overall health status as reported by the clients and the percentage of change between the intake and six-month follow-up.

Table 5: Overall health status as reported by clients at intake and follow-up

N=16	% at Intake	% at 6 month follow-up*	% Change
<b>Current Overall Health</b>			
Excellent	6.3%	6.3%	0.0%
Very Good	0.0%	37.5%	600.0%
Good	37.5%	43.8%	16.7%
Fair	43.8%	12.5%	-71.4%
Poor	12.5%	0.0%	-100.0%

\*Follow-up data % includes a minimal amount of missing data.

Changes in the overall health status reported by the clients suggest a positive shift in their perception of overall health. At intake, 12.5% rated their health as “poor,” whereas by the six-month follow-up, none of the clients rated their overall health as “poor.” The category of “fair” also saw a decrease of 71.4% of clients who felt they fit into this category. At the other end of the spectrum, the percentage of clients rating their overall health as “very good” increased from 0.0% to 37.5%. However, although the percentage increase is accurate, it is important to remember that this is within a fairly small population so this percentage may be somewhat misleading and should be viewed with caution.

### *Medical Treatment Services*

Shifts seen in the types of medical treatment services clients are accessing may be indicative of their progress toward recovery. One would hope to see that as the individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. Table 6 provides the percentage of clients accessing each type of service within the past 30 days as well as the percentage of change between intake and the six-month follow-up.

Table 6: Percent of clients receiving physical, mental or substance abuse medical treatment

N=16	% at Intake	% at 6 month follow-up*	% Change
<b>In the past 30 days...</b>			
Received ER treatment for physical problem	18.8%	6.3%	-66.7%
Received inpatient treatment for physical problem	6.3%	0.0%	-100.0%
Received outpatient treatment for physical problems	25.0%	18.8%	-25.0%
Received ER treatment for alcohol or drug problems	6.3%	0.0%	-100.0%
Received inpatient treatment for alcohol or drug problems	6.3%	12.5%	100.0%
Received outpatient treatment for alcohol or drug problems	31.3%	43.8%	40.0%
Received ER treatment for mental or emotional problems	0.0%	0.0%	0.0%
Received inpatient treatment for mental or emotional problems	6.3%	0.0%	-100.0%
Received outpatient treatment for mental or emotional problems	12.5%	0.0%	-100.0%

\*Follow-up data % includes a minimal amount of missing data.

Decreases in the amount of medical health services sought by clients were seen in most categories, with the exception of inpatient and outpatient treatment for alcohol and/or drug problems. Because of the nature of the ATR program, it would be expected to see this type of increase. Additionally, this may suggest that the treatment services provided through the ATR program were being accessed and utilized as the program had intended.

### *Emotional Health Issues Caused by Alcohol and/or Illegal Drug Use*

The effects of alcohol and drug use frequently impact emotional health. An individual's perception as to the severity of their distress alludes to the depth of their alcohol- and/or drug-induced emotional health issues. One indication of client recovery efforts is the reduction in the level that clients feel disturbed by these emotional health issues. ATR service provision, such as substance use counseling and treatment, were available to support the clients with their recovery efforts. Table 7 provides the percentage of clients who respond to each category of perceived levels of distress as well as the percentage of change between intake and the six-month follow-up.

Table 7: Level of perceived distress over alcohol and/or illegal drug use

N=16		% at Intake	% at 6 month follow-up*	% Change
<b>In past 30 days AOD...</b>				
<b>Caused stress</b>				
	Not at all	0.0%	6.3%	100.0%
	Somewhat	18.8%	18.8%	0.0%
	Considerably	43.8%	0.0%	-100.0%
	Extremely	37.5%	6.3%	-83.3%
	Not Applicable**	0.0%	68.8%	
<b>Caused reduction in activities</b>				
	Not at all	31.3%	25.0%	-20.0%
	Somewhat	12.5%	0.0%	-100.0%
	Considerably	12.5%	0.0%	-100.0%
	Extremely	37.5%	0.0%	-100.0%
	Not Applicable**	6.3%	75.0%	
<b>Caused emotional problems</b>				
	Not at all	12.5%	18.8%	50.0%
	Somewhat	6.3%	6.3%	0.0%
	Considerably	50.0%	0.0%	-100.0%
	Extremely	25.0%	0.0%	-100.0%
	Not Applicable**	6.3%	75.0%	

\*Follow-up data % includes a minimal amount of missing data.

\*\*Applies only to individuals who used alcohol and/or illegal drugs in past 30 days

As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. As indicated in Table 7, there was a shift from clients indicating “extreme” distress to “not at all.” Perhaps of more significance, however, is the percentage of clients to which this question no longer applied by the six-month follow-up. The GPRA is designed so that if a client has not used alcohol or illegal drugs in the past 30 days, the question is “not applicable.” For each of the three questions, the percentage of individuals for whom this question no longer applied increased dramatically. None of the clients fell into the “not applicable” category for use of alcohol and illegal drugs as a cause of stress at intake. By the six-month follow-up, 68.8% of the clients fell into the “not applicable” category for use of alcohol and illegal drugs as a cause of stress. Similarly, the questions regarding substance use resulting in a reduction in activities and causing emotional problems were “not applicable” for only 6.3% of the population at intake, but were “not applicable” for 75.0% by the six-month follow-up.

### *Emotional Health Issues Not Caused by Alcohol and/or Illegal Drug Use*

Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. Once the alcohol and drug use is removed, these issues may present themselves at the forefront and require the clients to confront their problems. ATR services included counseling to assist clients in dealing with these issues. As with other aspects of their physical and emotional health, resolving the underlying emotional health issues reported by the clients may aid them in their overall recovery. Table 8 presents the percentage of clients who reported experiencing emotional health issues not related to alcohol or drug use in the past 30 days.

Table 8: Percent of clients experiencing emotional health issues not related to alcohol and/or illegal drug use

N=16	% at Intake	% at 6 month follow-up*	% Change
<b>In the past 30 days not due to AOD use...</b>			
clients experiencing depression	75.0%	18.7%	-75.0%
clients experiencing serious anxiety	87.5%	37.5%	-57.1%
clients experiencing hallucinations	6.3%	0.0%	-100.0%
clients who were unable to concentrate/ understand	43.7%	25.0%	-42.9%
clients who were unable to control violent behavior	6.3%	0.0%	-100.0%
clients who attempted suicide	0.0%	0.0%	0.0%

\*Follow-up data % includes a minimal amount of missing data.

Reductions in the percentage of clients who were affected by emotional health issues in the previous 30 days not related to alcohol and/or illegal drug use were also seen. In particular the percentage of clients reporting they were experiencing depression not due to their alcohol and drug use declined from 75.0% at intake to 18.7% at the six-month follow-up. The percentage of clients who reported experiencing serious anxiety in the previous 30 days decreased by 57.1% between intake and follow-up. Reductions in the percentages of clients who reported having trouble concentrating or understanding (-42.9%) and clients who reported being unable to control violent behavior (-100%) were seen as well. Again, the large percentage of change for clients who were unable to control violent behavior should be interpreted with caution due to the small population size.

The frequency with which clients experience these emotional health issues is an important indicator of how much the clients are struggling with these feelings. Table 9 shows the average number of days the clients have experienced emotional challenges and whether any changes were statistically significant.

Table 9: Average number of days clients experienced emotional health issues not related to alcohol and/or drug use

N=16	Average at Intake	Average at 6 month follow-up	Statistically Significant Decrease?
<b>In the past 30 days not due to AOD use...</b>			
# of days experiencing depression	9.13	3.31	<i>nearing</i>
# of days experiencing serious anxiety	17.69	7.44	<i>yes</i>
# of days experiencing hallucinations	0.06	0.00	<i>no</i>
# of days unable to concentrate/understand	10.75	5.13	<i>yes</i>
# of days unable to control violent behavior	1.94	0.00	<i>no</i>
# of times attempted suicide	0	0	<i>no</i>

*p*<0.05

The average number of days clients indicated experiencing serious anxiety decreased significantly from 17.69 to 7.44. The reduction in the average number of days clients were unable to concentrate or understand showed a statistically significant decrease as well, from 10.75 to 5.13. Client-reported number of days experiencing depression declined as well, but did not quite reach statistical significance.

### *Risk Behaviors*

Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual's inhibitions. Not surprisingly these risk behaviors may jeopardize the physical health of these individuals. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. Table 10 presents the percentage of clients engaging in risky behavioral activities and the average frequency of these activities.

Table 10: Percent of clients engaging in sexual activity and the average number of reported risky sexual contacts

N=16	Intake	6 month follow-up*	% Change
<b>In the past 30 days...</b>			
% Engaging in sexual activity	43.8%	62.5%	42.9%
Average # of sexual contacts	3.13	7.06	—
Average # of unprotected sexual contacts	7.40	9.20	—
Average # of unprotected sexual contacts with an IV drug user	**	**	**
Average # of unprotected sexual contacts with a person who is HIV/AIDS+	**	**	**

\*Follow-up data % includes a minimal amount of missing data.

\*\*Too few pairs existed to compare the means

The percentage of clients engaging in sexual activity increased by 42.9% within the six months between intake and follow-up. Additionally, the average number of sexual contacts increased, from 3.13 times to 7.06 times, as did the number of unprotected sexual contacts, averaging 7.40 times at intake and 9.20 times at the six-month follow up. Clients did not report engaging in unprotected sexual contacts with either IV drug users or persons who were HIV/AIDS positive, and therefore, no changes were seen for either of these.

## Connection to Individual and Community Support Systems

Fundamental to achieving recovery from substance use is an individual's successful reintegration into their communities. The extent to which the client connects to social support, at both an individual and a community level, may be indicative of their successes in this realm. Following are outcome results for three indicators of individual and community connectedness: individual recovery and support systems, community contribution through work or school, and housing stability.

### *Recovery and Social Support*

Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Table 11 presents the percentage of individuals who have developed helpful support systems through self-help groups and/or with supportive family and friends.

Table 11: Percent of clients who indicate having social support through self-help groups and/or supportive family members and friends

N=16	% at Intake	% at 6 month follow-up*	% Change
<b>In the past 30 days...</b>			
Attended voluntary self-help groups	31.3%	50.0%	60.0%
Attended religious self-help groups	25.0%	43.8%	75.0%
Attended other organizations that support recovery	12.5%	31.3%	150.0%
Interacted with family or friends that support recovery	100.0%	93.8%	-6.3%

\*Follow-up data % includes a minimal amount of missing data.

Sixty percent (60%) more clients attended self-help groups such as Alcoholics Anonymous and Narcotics Anonymous six months after intake than did when they first entered the ATR program. Likewise, 75.0% more clients were attending religion-based self-help groups after six months and 150.0% more clients were attending attended other organizations that supported recovery. Only interactions with supportive family and friends decreased. The 6.3% decline may have been due to this one client substituting new support systems for those that proved detrimental to their recovery process.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. Sometimes clients may find that this support person changes when they begin their recovery process and discover new, healthier support relationships. Table 12 relays the clients' responses as to whom they consider to be their primary support at intake and at the 6-month follow-up. The percentage of change is also included.

Table 12: Percent of clients indicating a primary source of support at intake and 6-month follow-up

N=16	% at Intake	% at 6 month follow-up*	% Change
<b>Whom do you turn to when you're having problems</b>			
No one	0.0%	0.0%	0.0%
Clergy member	6.3%	6.3%	0.0%
Family member	43.8%	43.8%	0.0%
Friends	37.5%	18.8%	-50.0%
Other	12.5%	31.3%	150.0%

\*Follow-up data % includes a minimal amount of missing data.



The greatest change in the reported primary source of support occurred in the “other” category, where there was a 150% increase between intake and follow-up six months later. Often, clients indicated they turned to their sponsor, a [substance use treatment] staff member, or other individuals in the program. Conversely, a 50.0% decrease was indicated for friends as a primary source of support. Again, this may be the result of clients removing themselves from unhealthy social groups as they pursue recovery.

### *Employment and Education*

As individuals work on their alcohol and illegal drug use issues, as well as any other emotional issues they need to address, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. Because clients may have been out of the workforce for a lengthy period of time or lack the training and skills to obtain adequate employment, ATR service providers were available to provide career and training guidance. Table 13 presents the percentage of clients reporting each employment status, and Table 14 shows the percentage of clients reporting each school or training status.

Table 13: Percent of clients indicating employment status at intake and 6-month follow-up

N=16	% at Intake	% at 6 month follow-up*	% Change
<b>In the past 30 days...</b>			
clients reporting full time employment	25.0%	37.5%	50.0%
clients reporting part time employment	0.0%	31.3%	500.0%
clients reporting unemployed—looking for work	31.3%	18.8%	-40.0%
clients reporting unemployed—not looking for work	31.3%	12.5%	-60.0%

\*Follow-up data % includes a minimal amount of missing data.

Clients reported a 50.0% increase in those with full-time employment. Part-time employment increased from 0.0% at intake to 31.3% of clients obtaining part-time employment by the 6-month follow-up. Considerable decreases in percentages reporting unemployment, both looking for work (-40.0%) and not looking for work (-60.0%), was also seen.

Table 14: Percent of clients indicating school/training status at intake and 6-month follow-up

N=16	% at Intake	% at 6 month follow-up*	% Change
<b>In the past 30 days...</b>			
clients currently enrolled in school/training full time	6.3%	0.0%	-100.0%
clients currently enrolled in school/training part time	6.3%	12.5%	100.0%
clients not enrolled in school or training	87.5%	87.5%	0.0%

\*Follow-up data % includes a minimal amount of missing data.

Although no clients were enrolled in school or training full time at the six-month follow-up, the percentage of clients enrolled in training part time increased by the same amount. No changes were indicated for clients who were not enrolled at either time points.

### *Housing Stability*

Yet another fundamental aspect contributing to clients' accomplishments as they move through the recovery process is stability. This includes housing stability, which is often missing when clients first enter the program. Through ATR services, aid was available to help clients become more stable in their housing situation, whether it was from transitional housing, or by assisting the clients to the point where they are able to secure stable housing on their own. Table 15 represents the clients housing status as reported at intake and the 6-month follow-up.

Table 15: Percent of clients indicating current housing status at intake and 6-month follow-up

N=16	% at Intake	% at 6 month follow-up*	% Change
<b>In the past 30 days...</b>			
clients living in a shelter	0.0%	6.3%	100.0%
clients living outdoors/streets	0.0%	0.0%	0.0%
clients living in an institution	25.0%	12.5%	-50.0%
clients living in their own house/apartment	31.3%	25.0%	-20.0%
clients living in someone else's house/apartment	37.5%	37.5%	0.0%
clients living in a halfway house	0.0%	6.3%	100.0%
clients living in residential treatment	0.0%	12.5%	200.0%
clients living in other type of housing	0.0%	0.0%	0.0%

\*Follow-up data % includes a minimal amount of missing data.

As mentioned previously in this report, large percentages of change should be viewed with caution when the population number is low. This is clearly indicated in Table 15 in which one client can result in a change of 100 percent. Of note however, is the decrease in individuals living in institutions (-50%). Increases in clients living in halfway houses and residential treatment suggests clients have been accessing services available through ATR.

## Criminal Justice Involvement

Cochise County clients were recruited directly from the criminal justice system through the county's drug court. Simply by nature of the client recruitment population, it was established prior to the client's intake into the program that they are involved in the criminal justice system. Reducing involvement with the criminal justice system can be a lengthy process; however, improvements can be shown by the progression through the system.

Table 16: Percent of clients indicating involvement with criminal justice system at intake and 6-month follow-up

N=16	% at Intake	% at 6 month follow-up*	% Change
<b>In the past 30 days...</b>			
Arrested one or more times	50.1%	25.0%	-50.0%
Arrested for drug related offenses	25.1%	12.5%	-50.0%
Spent at least one night in jail	37.7%	31.4%	-16.7%
Committed a crime	87.5%	25.0%	-71.4%
Currently awaiting charges, trial, or sentencing	37.5%	18.8%	-50.0%
Currently on parole or probation	100.0%	93.8%	-6.3%

\*Follow-up data % includes a minimal amount of missing data.

Involvement in the criminal justice system and in illegal activity declined between intake and the six-month follow-up. In particular, there was a 71.4% reduction in the percentage of clients who reported committing a crime. Decreases in arrests, arrests for drug offenses, and currently awaiting charges, trial, or sentencing were also indicated by clients.

Table 17: Average number of criminal justice encounters as indicated at intake and 6-month follow-up

N=16	Average at Intake	Average at 6 month follow-up	Statistically Significant Change?
<b>In the past 30 days...</b>			
# of times arrested	0.81	0.25	<i>no</i>
# of times arrested due to drugs	0.00	0.00	<i>no</i>
# of nights spent in confinement	6.81	4.63	<i>no</i>
# of crimes committed	14.44	0.50	<i>yes</i>

*p*<0.05

At intake, the average number of crimes committed was 14.44. By the six-month follow-up this was down to an average of 0.50 crimes. This was a statistically significant decrease. The average number of nights spent in confinement decreased (6.81 at intake to 4.63 at the six-month follow-up) as did the number of times arrested, from 0.81 to 0.25 during the six month time period.

## Summary

The Cochise County ATR client population showed overall success in many aspects of their recovery process. Decreases were seen in both the percentage of clients and the average number of days that alcohol and illegal drugs were used. These changes were statistically significant for methamphetamine and marijuana use.

Clients reported increases in their perception of their overall health status. Clients also indicated that they were less disturbed by emotional health issues, both those caused by alcohol and illegal drug use and those distinct from their substance abuse. Increases in risky sexual behaviors were noted; however, none of the clients reported unprotected sexual contact with individuals who were IV drug users or HIV/AIDS positive.

From the clients' responses, it appeared that they are actively building individual and community support networks. There was an increase by the six-month follow-up of the percentage of clients who attended some type of self-help support group.

Increases were seen in the percentage of clients that were employed either full-time or part-time. There was little change, however, in the percentage of clients involved in school or training.

Shifts in housing stability were challenging to interpret due to the small population size, although an increase in clients currently living in halfway houses and residential treatment was noted. These are both services provided through the ATR program and likely reflect that clients were accessing the available services.

Reductions in criminal justice and criminal activity involvement were apparent across the board. In particular, the average number of crimes committed showed a statistically significant decrease.

It must be noted that these clients were participating in the county drug court program concurrent to their involvement in the ATR program, so it is somewhat challenging to determine from these data how much of the clients' progress can be attributed directly to their participation in the ATR program.